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P. 001

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WEMMH/SB/21 (4/03)

<b>TRANSMITTAL FORM</b>		Application Number	10/728,026
(to be used for all correspondence after initial filing)		Filing Date	December 4, 2003
		First Named Inventor	Stephen E. RONSHEIM
		Group Art Unit	3679
		Examiner Name	Victor I. MacArthur
Total Number of Pages in this Submission	8	Attorney Docket Number	4098-6

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached see PTO-2038 form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment - Preliminary	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<b>Response to Restriction Requirement</b>
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP	
Signature	<i>James M. Durlacher</i>	
Date	September 13, 2005	

Certificate of Mailing			
I hereby certify that this correspondence is being telefaxed to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 via Telefax No. 571-273-8300 on this date: September 13, 2005			
Typed or printed name	James M. Durlacher, Reg. No. 28,840		
Signature	<i>James M. Durlacher</i>	Date	September 13, 2005

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WEMMH/SB/17 (12/04)

OMB 0651-0032

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# FEE TRANSMITTAL FOR FY 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

 Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment (\$ 0)

## Complete If Known

Application Number	10/728,028
Filing Date	December 4, 2003
First Named Inventor	Stephen E. RONSHEIM
Group Art Unit	3679
Examiner Name	Victor I. MacArthur
Attorney Docket Number	4098-6

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money  Other  None  Other (please identify): \_\_\_\_\_

Deposit Account: Deposit Account Number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

See PTO 2038 Form

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION:

## 1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$) Small Entity Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

## Total Claims

Extra Claims Fee (\$) Fee Paid (\$)

## Multiple Dependent Claims

8 - 20 = 0 x 25 = (\$ 0) (HP = highest number of total claims paid for, if greater than 20)

Fee Fee Paid (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

360 \$ 0

1 - 3 = 0 x 100 = (\$ 0) (HP = highest number of independent claims paid for, if greater than 3)

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 - / 50 - (round up to a whole number) x 0

4. OTHER FEE(S) Fee Paid (\$)

Non-English Specification.

0

0

## Other: Fee to Record Assignment

## SUBMITTED BY:

Name (Print/Type):	James M. Durlacher	Registration No.: (Attorney/Agent)	28,840	Telephone:	(317) 634-3456
Signature:	<i>James M. Durlacher</i>				Date: September 13, 2005

## CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type):	Sandra L. Stilz	Date:	September 13, 2005
Signature:	<i>Sandra L. Stilz</i>		